CITY OF ESPAÑOLA POLICE DEPARTMENT Allegation / Inquiry Report Compliment Complaint Inquiry

(PD) Administration	(PD) Operations	(PD) Dispatch	(PD) Detention	☐ (PD) Animal Shelter ☐
Name LIVILLE LORT	TZ 40, NM87522 -16 IVVIEW FOUR Way	Address: Q O . f Home Phone: 50 Time of Incident: (1)	30x/84 5-423-5202Wo	son
Details of complaint as	s stated by the complain	nant (Attach additional	sheets of paper if	needed).
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(a which The	y Diont have	to. I had To	be Taken T	o The hosiptal
Witnesses: (Employee o	r Citizen)			
	•		Home Ph:	Work Ph:
Name:	Address:		Home Ph:	Work Ph:
How would you like this	Complaint resolved?			
Signature: Hull	LUtiz			Date:
Victoria Ga	KIRDS (/			Due Date:
				☐ Mail ☐ Other:
Notes:				
	White: Deputy Ch	nief Yellow: Commander	Pink: Employee	

NARRATIVE

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Signature		Date	Wit	ness

ORDER TO APPEAR
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411 N. PASSO DE CNATE CITY OF ESPANOLA N. 0091 411 N. PASEO DE ONATE

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City, State, ZIP		Ph
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In violation of: A B B B B B B B B B B B B B B B B B B	oath, says that the facts	set forth above are true in substance
In violation of:	oath, says that the facts Officers Signature	set forth above are true in substance Id No
In violation of: A B B B B B B B B B B B B B B B B B B	oath, says that the facts Officer's Signature BY ORDERED TO Al	set forth above are true in substance lid No. PPEAR AT: Ph
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